·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO										:			
Effective October 1, 2003								10/765/06					
CLAIMS AS FILED - PART I								L EN	YTITY		OTHER	THAN	
(Column 1) (Column 2)						ımn 2)	TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS			· · · · · · · · · · · · · · · · · · ·				RAT	E	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		* 8		X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		P		X43	=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT '							+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II										_	OTHER		
_	(Column 1) (Column 2) (Column 3)						SMAI	LE	NTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	-X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	X43=			OR	X86=	- .	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145:	7	· ·	1	+290=		
								AL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								EE L		OR ,	ADDIT. FEE		
		T	(Colum		(Column 3)		_	4551	1 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***			X43=	1		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		OR	+290=		
								AL.		L	TOTAL		
								EL	. •	OR ,	ADDIT. FEE L		
П	(Column 1) CLAIMS			(Colum		(Column 3)							
ŽΙ		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		, ,,,	OR	X\$18=		
	Independent	*	Minus	***		=	X43=	+		ı	X86=		
<u>'</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			
* If the princip column 1 is local than the central is actuary 0 units 50% is actuary 0.										OR	+290=		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
	r tne "Highest Nur The "Highest Num	nber Previously Pa ber Previously Paid	id For IN THI: I For" (Total or	S SPACE is Independer	less that nt) is the	n 3, enter "3." highest number fo			opriate box				
											•		